

D.I. # _____

CIVIL ACTION**NUMBER:** _____

65 CV 812

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 1.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.64

2005 1820 0004 3169 5760

RODNEY SOSTA WILMINGTON DE 19801
 Postmark
 Here
 2006
 USPS

Sent To: Correctional Medical Services
 Street, Apt. No.,
 or PO Box No. 126470, Live Boulevard
 City, State ZIP+4 St. Louis, MO 63141

PS Form 3800, June 2002 See Reverse for Instructions